

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32252

State File No. _____
Registrar's No. 286

FILED OCT 13 1943 274
Registration District No. _____

Primary Registration District No. 5935

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia, Missouri (Rural)
(c) Name of hospital or institution: Rural / Sedalia Army
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown years, months or days)

3. (a) Pfc. FULL NAME Paul W. Crawford A.S.N. 18163114
3. (b) If veteran, World War 3. (c) Social Security
name war #2 No. Unknown

4. Sex Male 5. Color or White 6. (a) Single, widowed, married.
race White divorced Single
6. (b) Name of husband or wife - - 6. (c) Age of husband or wife if
alive - - years
7. Birth date of deceased November 22, 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 9 14 - hr. - min.

9. Birthplace Tulsa Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name Paul B. Crawford

13. Birthplace Alvord, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Clara B. Crawford

15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Army Records

(b) Address - -

17. (a) Removal (b) Date thereof 9/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia

(b) Address 9/7/43

19. (a) 9/7/43 (b) Anna Anna Beizer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Unknown
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. 307 South 71st West Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. - - 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Never
_____ 19____ to _____ 19____

that I last saw him alive on Never _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull,
compound Died
instantly

Due to 173-6
34

Due to _____
Other conditions Multiple fractures of
(Include pregnancy within 3 months of death)
extremities.

Major findings: None performed
Of operations _____

Of autopsy None performed
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Airplane accident

(b) Date of occurrence 11:00 P.M. Sept. 5, 1943

(c) Where did injury occur? (Rural) Sedalia, Pettis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
During aircraft flight

While at work? Yes (Specify type of place) (e) Means of injury Plane crash

23. Signature Carlson (M. D. or other) M.C.

Address Sedalia Army Air Field Date signed 9/7/43

Warrensburg, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1022

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 10-12-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Geo. DeLand

Licensed Embalmer No. 3868

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.